। Receipt ਹੈ। ਜਿਸਦ ਨੂੰ ਜ਼ਿਲ੍ਹਾ ਹੈ। 102595-02-M-1540	PS Form 3811, February 2004 Domestic Return Receipt	PS Form
1066 7507	Article Number (Transfer from service label) 7000 0600 0027 1066 7507	Article Number (Transfer from s
4. Restricted Delivery? (Extra Fee) ☐ Yes		
l		
3. Service Type XXI Certified Mail	SHORTER, AL 36057	SHORTI
	P. 0. BOX 128	P. O.
	ATTN: MILTON MCGREGOR	ATTN:
	d/b/a VICTORYLAND	d/b/a
If YES, enter delivery address below:	MACON COUNTY GREYHOUND PARK, INC.	MACON
D. Is delivery address different from item 1? Thes /	Addressed to:	1 Article
TO MAN NEED & do. 01	or on the front if space permits.	or on
B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece.	■ Attac
X 15 mg	Print your name and address on the reverse	■ Print
A. Signature	Complete items 1, 2, and 3. Also complete Item 4 if Restricted Dellvery is desired.	■ Com _i Item
COMPLETE THIS SECTION ON DELIVERY		SENDE